

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	н.	808-754-4026	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808-599-4340	
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813-	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
RADCLIFFE & ASSOCIATES, LI	_C		808/536-7557	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808/599-4340	
(City)	(State)	(Zip	Code)	
HONOLULU	HAWAII	9681	3-2453	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 916-441-0973			
SPRINT NEXTEL					
MAILING ADDRESS (Street)	FAX 916-441-0945				
925 L STREET, SUITE 345					
(City)	(State)	(Zip Code)			
SACRAMENTO	CA	95814			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE 808-531-4551			
MELODY BUTAY DACANAY					
MAILING ADDRESS (Street)	FAX 808-533-4601				
222 SOUTH VINEYARD STREET,					

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(City)	(State)	(Zip Code)			
HONOLULU	HI	96813-	96813-2453		
HONOLOLO	111	90010-	2400		
PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY			
[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development		
[ X ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations,	[ ] Tourism & Recreation		
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ Labor & Employment	[ ] Transportation		
[ ] Culture, Arts, Historic Preservation	[] Health	[ ] Planning, Land & Water Use Management	[ ] Other: (indicate below)		
[ ] Ecology, Energy Environmental Protection	[] Housing	[ ] Public Safety & Corrections			
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PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the	information furnished abore	is to the best of my knowledge	, correct and complete.		
	In It ( Kuld of	<i>11</i> .	24 m./2007		
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATIO	N TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED		
PAUL SIERACKI					
NAME OF ORGANIZATION (if ap	plicable)	Ti	ELEPHONE 916-441-0973		
SPRINT NEXTEL					
MAILING ADDRESS (Street)		F	AX 916-441-0945		
925 L STREET, SUITE0345					
(City)	(State)	(Zip Cod	(Zip Code)		
SACRAMENTO	CA	95814			
		age in lobbying activities on bel	half of the undersigned.		
	X >1-	1/2	5/2007		
(Signature of Authorizing Officer or Person Represented) (Date)					